## APPLICATION FOR ENDORSEMENT OR ENDORSEMENT PLAN (SAEP) Network+ Endorsement

This endorsement only attaches to Secondary Licenses, CTE Licenses or CTE/APP Licenses
Documentation must be attached to verify applicable course work and requirements

Date

Middle Name

First Name

Last Name

Home Address	City	State	Zip	Work Phone
Email Address				Home Phone
Current Teaching/License Status				
□ Not Teaching <i>OR</i> Teaching at: (School)(District)				
Educator License(s) held:   Secondary Education   Career & Technical (CTE)   CTE/APP				
Check only one  I am requesting the Network+ endorsement. All course work and requirements have been completed and the appropriate documentation is attached. An endorsement evaluation fee of \$40.00 is enclosed.  OR  I am submitting a plan (SAEP) for the Network+ endorsement. Course work and requirements will be completed within the timeframe identified in the plan (one year). An endorsement evaluation fee of \$40.00, paid by my School District, is enclosed.				
This endorsement authorizes the instructor to teach the following approved Information Technology courses:  Network+				
Course Work				
	Т			Data Completed
Required				Date Completed
Verifi	ication of 40 hours of a Network+			
works	shop, 3.0 credits for a Network+ class,			
	years of networking work experience.			
	mum requirement for SAEP)			
		Date to be Complet	ed	Date Completed
	ication of or plan for a passing score on			
the C	CompTIA Network+ exam.			
		Date to be Complet	ed	Date Completed
Portfo	olio of one original unit of instruction			
	could be used in teaching a Network+			
	s (include: standards and objectives,			
prese	entations, handouts, activities, labs,			
rubrio	cs, quizzes, tests, projects, etc.)			
Signature of Applicant Date				
X				
Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 \$40.00 Endorsement Fee or \$40.00 SAEP fee must be included with this application				
Information below to be completed by USOE personnel				
SAEP Approved for one year				
		O/ (E)		
NI.4 I				
Endorsemen	Network+	CTE 9	pecialist Signature	Date
Recommende	ed		rsement Award	
		Endo	isement Award	<del>leu</del>
1	Í	l CTF S	pecialist Signature	Date

Network+.doc

CACTUS ID#